



## PART B - FEE(S) TRANSMITTAL

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21186 7590 07/06/2007

**SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.**  
**P.O. BOX 2938**  
**MINNEAPOLIS, MN 55402**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

CHRIS BARTL	(Depositor's name)
	
(Signature)	
OCTOBER 5, 2007	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,555	01/29/2004	Joo S. Choi	303.873US1	5077

**TITLE OF INVENTION: DUAL EDGE COMMAND IN DRAM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/09/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
KROFCHECK, MICHAEL C	2186	711-167000

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>
<p>1 <u>SCHWEGMAN, LUNDBERG</u></p> <p>2 <u>&amp; WOESSNER, P.A.</u></p> <p>3 <u></u></p>	

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  
MICRON TECHNOLOGY, INC. BOISE, IDAHO

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

<p>4a. The following fee(s) are submitted:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input type="checkbox"/> Advance Order - # of Copies _____</p>	<p>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</p> <p><input type="checkbox"/> A check is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).</p>
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<p>5. Change in Entity Status (from status indicated above)</p> <p><input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.</p>	<p><input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).</p>
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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or printed name TIMOTHY B. CLISE Registration No. 40, 957

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10/10/2007 RMEBRA1 00000046 190743

01 FC:1501 1440.00 DA  
02 FT:1504 300.00 DA